

The anatomy of the skin, definitions of lesions, and some of the more important classes of eruptions are described in a brief but effective manner.

Unfortunately, in the interest of brevity many important subjects are completely omitted and it is difficult to see how a nurse could be adequately informed on the subject of dermatology without any reference to such important subjects as syphilis, cutaneous malignancies, and pre-malignant conditions. None of these subjects is mentioned in the book, and in view of their great importance it would seem that nurses should be expected to have at least a speaking acquaintance with such serious skin conditions. The text gives a fairly adequate description of psoriasis but does not mention such equally common skin disorders as pityriasis rosea, lichen planus, and acne rosacea. Contact dermatitis, which is probably the commonest single dermatosis encountered, is dismissed in six lines except for a brief discussion of treatment. No mention is made of the technique of patch testing. Pemphigus, while not common, is certainly a skin disorder which taxes the ability of the nurse to the utmost, and no mention whatever is made of this disease. Other important subjects which are omitted include various types of skin tuberculosis, leprosy, deep fungus infections, etc.

It is unfortunate that a book which is otherwise so excellent should be characterized by these important deficiencies.

A TEXTBOOK OF MENTAL DEFICIENCY. By A. F. Tredgold, M.D., F.R.C.P., F.R.S. (Ed.), Consulting Physician to University College Hospital, London. Formerly Lecturer on Mental Deficiency, London University. The Williams and Wilkins Company. Seventh Edition, 1947.

The first edition of this well-known textbook appeared in September, 1908. The seventh edition in 1947 represents, therefore, almost 40 years during which the author has constantly revised and re-edited. It remains one of the standard and best books of its kind, and can be recommended as a textbook on the subject of mental deficiency.

The whole problem is covered in a very broad fashion. Theoretical considerations are discussed adequately and the various clinical pictures are described in detail.

The American reader must realize that this is an English textbook and that various definitions and concepts are different from those held in the United States. The English classification divides amentia into three main types: Idiocy, imbecility, and feeble-mindedness. As the author points out, the term "feeble-mindedness" as used in America, is an all inclusive term for mental deficiency, while the term "moron" corresponds generally to what is called "feeble-mindedness" in England.

The author divides amentia into two main groups: Primary and secondary. He feels that primary amentia is due to heredity and that 80 per cent of all cases are primary. Secondary amentia is due to environmental factors, and only 20 per cent of cases are placed in this group. This is a rather higher figure for heredity than given by many other authors.

The author considers these three criteria—educational, intelligence quotient, and social—differentiating the normal from the defective individual, and concludes that the social criterion is the only satisfactory one.

He likewise accepts the definition of mental deficiency as given in the English Mental Deficiency Act of 1929, which states: "Mental defectiveness means a condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury." On this basis, it would seem that juvenile paresis, head trauma in adolescents, and a number of other conditions which, according to our American classification, would cause a diagnosis of psychosis rather than of mental deficiency, would have the opposite effect in England.

These points are mentioned to bring out some of the dif-

ferences in fundamental concepts. The reader should make certain that he notes these points; otherwise, he may not follow the rest of the book as he should. In general, the book has been brought up to date, although there are a number of places where recent references would have been superior to some of the older ones that are given.

ILLUSTRATIVE ELECTROCARDIOGRAPHY. By Julius Burstein, A.B., M.D. Visiting electrocardiographer and Chief of the Cardiac Clinic, Morrisania City Hospital, New York; and Nathan Bloom, M.D., F.A.C.P., Associate Professor of Medicine and Chief of the Department of Electrocardiography, Medical College of Virginia (Richmond). Third Edition. D. Appleton-Century Co., Inc.

This book is an elementary descriptive monograph consisting essentially of a series of plates with an interpretation accompanying each tracing. There is minimal discussion of the fundamental electrical phenomena, and rare discussion of the mechanism—as far as it is known—for any of the electrocardiographic changes described. As such, the interpretations are empirical.

The treatment of precordial and unipolar limb leads is inadequate, and is added as an appendage in one chapter toward the end of the book. Except for three examples of multiple precordial leads in this chapter, none of the electrocardiographic plates in the book have multiple precordial leads. Most electrocardiographers using unipolar leads would disagree with the statement on page 128 that "it is only in rare instances that the standard leads will fail and the precordial leads succeed in demonstrating an abnormal pattern." No discussion of the precordial leads in bundle branch block is available in the section devoted to it, yet on page 201 in the chapter on unipolar leads, a brief statement is made to the effect that multiple precordial leads are indispensable in the differentiation of right and left bundle branch block. No information is given, however, which permits the reader to determine how to make this differentiation. The same criticism could be made in regard to ventricular strain. No description of the precordial leads in right and left ventricular strain is found in the section devoted to this abnormality, yet a statement on page 201 that multiple precordial leads are indispensable in the differentiation of right and left ventricular strain is made without further elaboration. It is apparent that the discussion of unipolar and precordial leads is added to the main body of the book, and not interwoven with the general discussion when the individual patterns are being discussed.

There is a chapter on the phonocardiogram and one on radiology of the heart, which, while of value, are not directly concerned with the title of the book.

The book will be useful to beginners in electrocardiography as a compact, graphic description of the ordinary electrocardiographic patterns and the more common arrhythmias, as found in the three standard leads and in the single apical precordial lead. It cannot be considered as an up-to-date monograph incorporating the present concepts of unipolar precordial and extremity leads.

REFRESHER COURSE IN MALE HORMONE THERAPY. The Ciba Pharmaceutical Products, Inc., Summit, N. J.

This is a very handy, concise book with a fairly complete collection of excerpts and abstracts from articles contributed by investigators and clinicians in the male hormone field. The bibliography for each article is given in full. Unfortunately the data included dates only from 1940, before which time there were, of course, many essential and basic contributions to this subject. The physician will find this volume of considerable value but should supplement these abstracts with a perusal of the original texts. He should also remember that the name given for the hormone in the text is a trade name and not the only preparation of this particular substance.